



OPERATOR'S LICENSE APPLICATION
EXPIRING JUNE 30, 2024

- ☐ Date Rec'd: ____/____/____
☐ Fee: \$30 (Non-Refundable)
☐ Beverage Server Course
☐ Photocopy of DL/Photo ID

File this completed application and the fee with the City Clerk. Please include a photocopy of your driver's license/photo ID. You must provide proof of completion of the "Responsible Beverage Server" course. Failure to provide complete answers may result in the denial of your application.

I attest, under penalty or perjury, that I am a citizen of the United States. Yes _____ No _____

Name: _____
Last First Middle Initial Maiden Name

Address: _____
Street/Road City State Zip

Home Phone#: _____ Work Phone#: _____ Birthdate: _____

Driver's License No. _____ Social Security No. _____

(A photocopy of your current driver's license/photo ID is required in order to process your application. **)**

How long have you lived in Wisconsin? _____ Calumet County? _____ Chilton? _____

How long have you lived at the present address: _____? If less than 6 months, please list previous address: _____

You are required to list each and every violation and/or offense for which you have been convicted in or out of state. Failure to provide complete answers may result in the denial of your application.

Have you EVER had an Operator's License? YES NO If yes, which Municipality/Year? _____

Have you ever been convicted of the following?

Alcohol _____ Yes _____ No Felony: _____ Yes _____ No
Drugs _____ Yes _____ No

If so, date of such conviction(s): _____

Name of Court: _____

Nature of Offense: _____

Do you have any PENDING violations of the types listed above? YES NO If yes, list date of violation, name of court and offense: _____

Employer's Name/Address (Where the license is to be used): _____

The signer certifies that he/she is familiar with the laws and regulations pertaining to the sale of alcoholic beverages. Signer agrees to observe the provisions of the Chilton Municipal Code and Wisconsin Statutes. The signer agrees that the license, if granted, will not be assigned to another. **YOU MUST CARRY ON YOUR PERSON A VALID PICTURE ID ISSUED BY A GOVERNMENTAL AGENCY (DL/PASSPORT) AT ALL TIMES WHILE WORKING PURSUANT TO THE OPERATOR'S LICENSE. WHILE WORKING PURSUANT TO A PROVISIONAL LICENSE, YOU MUST ALSO KEEP THIS FORM ON YOUR PERSON AT ALL TIMES.**

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

The Chilton Police Department recommends that the above application be ☐ Approve ☐ Deny

Chief of Police _____ Date _____

Filed on the _____ day of _____, 20____
License No. _____

Receipt No. _____
Date License Issued _____